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CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. ____

Debtor **Earnestine Brady Kennedy** SS# **xxx-xx-4040** Median Income ☐ Above ■ Below
Joint Debtor ____ SS# ____
Address **176 Ramada Circle Jackson, MS 39212-0000**

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN
The plan period shall be for a period of **60** months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay $ **829.90** per **monthly** to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:
N/A

(B) Joint Debtor shall pay $____ per **(monthly / semi-monthly / weekly / bi-weekly)** to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

PRIORITY CREDITORS.
Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service:	$ **0.00**	@ **0.00**	/month
Mississippi Dept. of Revenue:	$ **0.00**	@ **0.00**	/month
Other/ **IRS**	$ **6,968.76**	@ **162.06**	/month
Other/ **MS State Tax Comm'n**	$ **0.00**	@ **0.00**	/month

DOMESTIC SUPPORT OBLIGATION DUE TO:
-NONE-
POST PETITION OBLIGATION: In the amount of $ per month beginning .
To be paid ____ direct, ____ through payroll deduction, or ____ through the plan.
-NONE-
PRE-PETITION ARREARAGE: In the total amount of $ through shall be paid the amount of $ per month beginning
To be paid ____ Direct ____ through payroll deduction ____ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

MTG PMTS TO: **CitiMortgage, Inc.** BEGINNING **01/01/2012** @$ **404.00** ■PLAN ☐DIRECT
MTG PMTS TO: **State Farm Bank** BEGINNING ____ @$ **112.77** ■PLAN ☐DIRECT
MTG ARREARS TO: **CitiMortgage, Inc.** THROUGH **12/31/2012** $ **4,040.00** @$ **67.33** /MO*
(*Including interest at **0.00** %)

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MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: **-NONE-** Approx. amt. due: ______ Int. Rate: ______

Property Address: ______ Are related taxes and/or insurance escrowed Yes No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
-NONE-					%	

*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay $0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
-NONE-			

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
-NONE-			

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: **-NONE-**

GENERAL UNSECURED DEBTS totaling approximately $ **35,354.09** . Such claims must be timely filed and not disallowed to receive payment as follows: ____ IN FULL (100%) or **0** % (percent) MINIMUM, or a total distribution of $____, with the Trustee to determine the percentage distribution. **Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Total Attorney Fees Charged $ **2,800.00**
Attorney Fees Previously Paid $ **0.00**
Attorney fees to be paid in plan $ **2,800.00**

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent ______

Telephone/Fax ______

Attorney for Debtor (Name/Address/Phone # / Email)
Tracy S. Steen 99954
P. O. Box 321257
Flowood, MS 39232

Telephone/Fax **601-664-2446**
Facismile No. **601-664-2440**
E-mail Address **tsteen@steenlaw.net**

DATE: **November 7, 2011**

DEBTOR'S SIGNATURE **/s/ Earnestine Brady Kennedy**
JOINT DEBTOR'S SIGNATURE ______
ATTORNEY'S SIGNATURE **/s/ Tracy S. Steen**

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